FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPRO | VAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0076 | | | | | | | |
| Expires: | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | 3 16.00 | | | | | | | |
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| SEC U | SE ONLY |
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| Preli× | Serial |
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| DATE P | RECEIVED |
| 1 | 1 |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) SMB Capital Partners, L.P. |
|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 XX Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment |
| A. BASIC IDENTIFICATION DATA |
| 1. Enter the information requested about the issuer |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) SMB Capital Partners, L.P. |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) |
| 17 Duck Pond Lane, Ramsey, New Jersey, 07446 201-962-2223 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code) |
| Brief Description of Business |
| Investment Partnership |
| Type of Business Organization Corporation Substituted partnership, already formed United partnership, already formed Imited partnership, to be formed |
| Actual or Estimated Date of Incorporation or Organization: OI6 OI6 X Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) THOMSON FINANCIAL |
| GENERAL INSTRUCTIONS |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. |
| Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. |
| Filing Fee: There is no federal filing fee. |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. |
| ATTENTION |
| Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice. |

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

lof9



| A BASIC IDENTIFICATION DATA | | |
|---|--------------------|--|
| 2. Enter the information requested for the following: | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition. | of, 10% or more o | faclass of equity securities of the issu |
| Each executive officer and director of corporate issuers and of corporate general and man | naging partners of | partnership issuers; and |
| Each general and managing partner of partnership issuers, | | |
| Check Box(es) that Apply: . Promoter Beneficial Owner Executive Officer | Director | ∰ General and/or Managing Partner |
| Full Name (Last name first, if individual) KSLB Advisors, L.L.C. | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| 17 Duck Pond Lane, Ramsey, New Jersey, 07446 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | ☐ Director | General and/or Managing Partner 50% Member of G.P. |
| Full Name (Last name first, if individual) | | |
| Larry Bernstein | ··· | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 17 Duck Pond Lane, Ramsey, New Jersey, 07446 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner 50% Member of G.P. |
| Full Name (Last name first, if individual) | | |
| Kirk Schneider | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 137 Jefferson Street, Wood-ridge, New Jersey 07075 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name first, if individual) | | |
| Susiness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name first, if individual) | | |
| usiness or Residence Address (Number and Street, City, State, Zip Code) | | |
| heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| ull Name (Last name first, if individual) | | |
| usiness or Residence Address (Number and Street, City, State, Zip Code) | | |
| (Use blank sheet, or copy and use additional copies of this she | et, as necessary) | |

| | 17.49 | | | В, | INFORMÁ | TION ABO | OUT OFFEI | RING | | | | |
|--------------------------|---|--|---|--|--|---|---|--|---|------------------------|---------------|-------------|
| l. Has | the issuer s | old, or does | the issuer | intend to | sell, to non | -accredited | investors | in this off | ring? | | Yes | No |
| (1 11-0 | | J. Z. W. 1991 | | | | | . 2, if filing | | | ************ | C | B |
| 2. Wha | it is the min | imum inves | | | | | | | | | \$ <u>_1</u> | 00.000.00 |
| . 5 | | | | | 1 1.0 | | | | | | Yes | No |
| | s the offerin r the inforn | | | | | | | | | | <u>12-3</u> 4 | |
| comi If a p or sta | mission or si erson to be ates, list the aker or deale | imilar remu listed is an a name of the | neration fo. associated p broker or | r solicitatio person or a dealer. If n | in of purcha gent of a br nore than fi | asers in con oker or dea ive (5) pers | nection wit ler register ons to be li | th sales of s ed with the sted are ass | ecurities in SEC and/o | the offering with a st | ng. ate | |
| Full Nam | e (Last nam | e first, if in | dividual) | | | | | | | | | |
| Business | or Residenc | e Address (| Number as | nd Street, (| City, State, | Zip Code) | | | | | | |
| Name of A | Associated I | Broker or D | ealer | | | | | | | | | |
| States in V | Which Perso | n Listed H | as Solicite | l or Intend | ls to Solici | f Purchase | ·c | · | | | | |
| | k "All Stat | | | | | | - | ******************* | | | 🗀 A | II States |
| AL | AK | [AZ] | AR | CA | CO | [CT] | DE | DC | FL | GA | HI | ומו |
| | [IN] | ĪĀ | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MT | NE SC | NV SD | NH TN | XI XI | MM TU | YY VT | NC VA | ND WA | OH WV | OK WI | OR | PA |
| 177 | [00] | المق | | الما | [01] | (1 1 | (<u>X</u> \(\text{V}\) | [MV] | <u>[VV V]</u> | (MT) | WY | PR |
| Full Name | (Last name | first, if inc | dividual) | | | | | | | | | |
| Business o | r Residenc | e Address (| Number ar | d Street, (| City, State, | Zip Code) | | | | | | |
| Name of A | ssociated B | roker or De | -aler | | · | | | · · | | · | | |
| Mano or 1 | | | ,u.o. | | | | | | | | | |
| | hich Person | | | | | | | | | | | |
| (Check | "All State: | s" or check | individual | States) | | ************* | ••••• | | *************************************** | , | A1 | I States |
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | H | ID |
| IL MT | IN NE | IA NV | KS NH | KY NJ | LA NM | ME NY | MD NC | MA ND | OH] | MN OK | MS OR | MO PA |
| RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Full Name (| Last name | first, if indi | ividual) | | | | | | | | . | |
| Ruciness or | Residence | Address () | Number and | i Street. C | ity. State. | Zin Code) | | | | | | |
| | ·· | · | | | | | | | | | | |
| Name of Ass | sociated Br | oker or Dea | iler | | | | | | | | | |
| States in Wh | ich Person | Listed Has | Solicited . | or Intends | to Solicit I | Purchasers | \ | | | | | |
| (Check | "All States" | or check i | individual | States) | | ••••••• | ••••••••••• | ************ | | | ☐ All | States |
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | (ID) |
| IL MT | IN NE | IA NV | KS NH | KY NI | LA NM | ME NY | MD NC | MA ND | MIOH | MN OK | MS | MO |
| [RI] | SC | (SD) | TN | TX | UT) | VT | [VA] | WA | WV | | OR WY | PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

| į. | . Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|----|--|--------------------------|----------|--------------------------------|
| | Type of Security | Aggregate Offering Pr | | Amount Already Sold |
| | Date | None | | , None |
| | Debt | None | | None |
| | Equity | \$ | | _ 3 |
| | Common Preferred | None | | « None |
| | Convertible Securities (including warrants) | Φ | | _ \$_None _ \$_2,435,000.00 |
| | Partnership Interests | | | \$ 2,433,000.00 \$ None |
| | Other (Specify) | None . | | \$ None \$ 2,435,000.00 |
| | 1044 | \$ | | \$ 2,433,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | • |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| | | Number | | Aggregate Dollar Amount |
| | | Investors | | of Purchases |
| | Accredited Investors | 14 | | \$ <u>2,43</u> 5,000.00 |
| | Non-accredited Investors | None. | -1 | s None |
| | Total (for filings under Rule 504 only) | | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | · |
| | | Type of | | Dollar Amount |
| | Type of Offering | Security | | Sold |
| | Rule 505 | | | \$ |
| | Regulation A | | | \$ |
| | Rule 504 | | | \$ |
| | Total | | | \$ |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | · |
| | Transfer Agent's Fees | | | \$ |
| | Printing and Engraving Costs | | | \$ 300.00 |
| | Legal Fees | | X | \$ <u>5,500.00</u> |
| | Accounting Fees | | | \$3,000.00 |
| | Engineering Fees | | | \$ |
| | Sales Commissions (specify finders' fees separately) | *********** | | \$ |
| | Other Expenses (identify) | *********** | | \$ 5,000.00 |
| | Total | | <u> </u> | \$ 13,800.00 |

| | b. Enter the difference between the aggrega and total expenses furnished in response to Pa proceeds to the issuer." | rt C - Question 4.a. This difference is the "adj | usted gross | \$ <u>2,421,200</u> .0 |
|--------------------------|---|---|---|---|
| 5. | Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response | for any purpose is not known, furnish an es total of the payments listed must equal the adju | timate and | |
| | | | Payments to | |
| | | | Officers, Directors, | |
| | | | Affiliates | Others |
| | Salaries and fees | | 🗀 💲 | \$ |
| | Purchase of real estate | | [] \$ | []\$ |
| | Purchase, rental or leasing and installation | of machinery | | |
| | and equipment | | | |
| | Construction or leasing of plant buildings a | | 🗀 \$ | [] \$ |
| | Acquisition of other businesses (including t offering that may be used in exchange for this suer pursuant to a merger) | ne assets or securities of another | \$ | ПS |
| | Repayment of indebtedness | | | — U- П\$ |
| | Working capital | | | |
| | Other (specify): General Partner | will receive a management : | fee 💥 \$ 30,000 | <u>0.</u> 0θ \$ |
| | | | | |
| | | | CA 630 000 | 0.00 |
| | Column Totals | · · · · · · · · · · · · · · · · · · · | • ١١٢٦ و <u>١٨</u> | 70 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| | Column Totals | | | 30,000.00 |
| | Total Payments Listed (column totals added | | <u>7</u> 3 \$ <u>2</u> | 30,000.00 |
| ign | Total Payments Listed (column totals added | oy the undersigned duly authorized person. If to furnish to the U.S. Securities and Exchange | this notice is filed under I ge Commission, upon write | 80,000.00 Rule 505, the following |
| ign he i | Total Payments Listed (column totals added | oy the undersigned duly authorized person. If to furnish to the U.S. Securities and Exchange | This notice is filed under Fige Commission, upon write (b)(2) of Rule 502. | Rule 505, the following ten request of its staff, |
| ign he i ssu | Total Payments Listed (column totals added | D:FEDERAL SIGNATURE by the undersigned duly authorized person. If to furnish to the U.S. Securities and Exchange n-accredited investor pursuant to paragraph | this notice is filed under F ge Commission, upon writ (b)(2) of Rule 502. | Rule 505, the following ten request of its staff, |
| ign he i ssu SM | Total Payments Listed (column totals added issuer has duly caused this notice to be signed inture constitutes an undertaking by the issuer information furnished by the issuer to any noter (Print or Type) | D:FEDERAL SIGNATURE by the undersigned duly authorized person. If to furnish to the U.S. Securities and Exchange n-accredited investor pursuant to paragraph | This notice is filed under Fige Commission, upon write (b)(2) of Rule 502. | Rule 505, the following ten request of its staff, |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE | | |
|--|-----|----------|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No XX |
| See Appendix, Column 5, for state response. | | |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date |
|----------------------------|-----------------------|--------------|
| SMB Capital Partners, L.P. | 24 | 7-14-06 |
| Name (Print or Type) | Title (Print or Type) | |
| Larry Bernstein | Member, KSLB Advi | sors, L.L.C. |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | A | PPENDIX | | | | |
|-------|------------------------|---|--|--------------------------------------|--|--|--------|----------|-----------|
| 1 | | 2 | 3 | | | 4 | | Disgual | ification |
| | to non- investo | nd to sell accredited ors in State B-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | Think en engangeleines | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
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| IN | | <u> </u> | Ptr. Int None | 1 | 35K | | | | x |
| IA | | | | | | | | | |
| KS | | | | | | | | | |
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| MN | · Carrier | <u> </u> | | | | | | | |
| MS | | | | - | | | | <u> </u> | |
| 7470 | j. | 1 | 1 | 1 | 1 | ì |) | 1 11 | l |

APPENDD

| 1 | | | 2 | 3 | | 4 | | | | |
|-----|-----------|----------|---|--|--------------------------------------|--|--|--------|-----|----|
| | in | non-a | d to sell accredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | |
| Sta | te | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| MO | | | | | | | | | | |
| M | r | | | | | | | | | |
| NE | 3 | | | | | | | | | |
| NV | 7 | | X | Ptr. Int. | 2 | 50K | | | | X |
| NH | | | | | | | | | | |
| NJ | | | Х | Ptr. Int. None | 3 | 300K | | | | Х |
| NM | | | |] | | | | | | |
| ΥΥ | | | X | Ptr. Int, None | 6 | 1.95M | | | | X |
| NC | | | | | | | | | | |
| ND | | | | | | | | | | |
| OH | | | | | | | | | | |
| OK | <u></u> | | | | | | | | | |
| OR | | | | | | | • | | | |
| PA | | | X | Ptr. Int. None | 2 | 100K | | | | Х |
| RI | | | | | | | | | | |
| SC | | | | | | | | | | |
| SD | | | | | | | | | | |
| TN | | _ | | | | | | | | |
| TX | | 4 | | | | | | | | |
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| AV | | =# | - | | | | | | | |
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| WI | . <u></u> | _ | 1 | | | | | | | |

| | N 1978 A 148. | #17.73@################################### | | gapter variation | <u> </u> | त्र स्टब्स्ट्रिकेट शिक्षा अस्ति । अस्ति । अस्ति । इ.स.च्या | 8564 1257 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (J, 2 - 1) | 3. 3. 3. 1 A . 1 . 1 |
|-------|---------------|---|--|--------------------------------------|--|---|---|------------|----------------------|
| 1 | | 2 | 3 | | 4 | | | | |
| | to non-a | i to sell accredited is in State i-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | | | | | | | |
| PR | | | • | | | | | | |